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RULE				

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/465,927 04/25/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

MM  
None MM

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GA	7	23	10
Verified and Acknowledged	Examiner's Signature <i>MM</i> Initials <i>MM</i>				

## ADDRESS

46135

## TITLE

Novel coronavirus isolated from humans.

FILING FEE  
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1556

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____